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REPORT OF A SUSPECTED CASE OF TYPHUS FEVER AT
PETERSBURG, VA.

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At the request of Dr. Ennion Williams, commissioner of health of Virginia, and accompanied by him, I visited Petersburg, Va., in order to examine a patient reported as a suspected case of typhus.

Clinical history.—A. B., 35 years, native of Austria-Hungary, nine years resident in Prince George County, Va., farmer. Patient of Dr. W. P. Hoy, of Petersburg, Va.

There has been no suspicious illness in the household of the patient for over a year. Patient has not been away except to the village of Disputanta for some two or three weeks prior to the onset of his illness. Inquiry at Disputanta fails to elicit information as to occurrence of similar cases there or in vicinity.

On June 19 patient was taken sick very abruptly while at work in the field, with severe headache and thoracic compression. This was followed by fever and next day by marked chilly sensations. Five days later, namely, June 24, an eruption was first observed that very quickly extended over the whole body.

The patient continued with fever, headache, and general pains. He was brought to the Petersburg Hospital on the evening of June 27. Dr. Hoy reports that his patient had a flushed face, injected conjunctivæ, that he was delirious, and passed urine and feces involuntarily. A Widal with blood taken on June 27 was reported negative.

Examined on July 6, two days after the temperature of the patient first reached normal, there was noted an abundant macular rash involving the trunk and limbs; some had been present on the face. The maculæ were typically typhuslike in color, form, and in not disappearing on pressure. The lymph nodes were normal; bones not tender; abdomen flat; liver and spleen normal. Widal with blood taken July 6 was negative for typhoid and paratyphoid A and B. Cultures from feces obtained July 7 were negative for typhoid or typhoidlike organisms.

Diagnosis.—The clinical picture presented by this patient was that of typhus fever. The negative widal and fecal culture, although not absolutely excluding typhoid, weigh heavily against this infection, the only one that entered seriously into the question of differential diagnosis.

Two guinea pigs were inoculated with blood obtained July 6, but unfortunately they both died prematurely, so that they furnished no evidence that would be helpful in forming a final opinion as to the nature of the fever in this very interesting case.

Sanitary treatment.—As typhoid infection could not be absolutely excluded a diagnosis of probable typhus only could be made. Accordingly sanitary treatment was outlined on this basis. It was recommended that the patient's hair be treated with a parasiticide to kill lice and their eggs and that his clothing be boiled. In other respects it was considered wise to treat the patient as a case of typhoid.